MAR 2 4 2005 P.S.

AMENDMENT TRANSMITTAL LETTER (SMALL) Docket No. 50508-1030 Applicant(s): Roback Serial No. Filing Date Examiner Confirmation No. Group Art Unit 10/602,981 June 24, 2003 Cross, L.I. 2039 1743 Invention: Immunological Assay System and Method **Commissioner for Patents** P.O. Box 1450 Alexandria VA 22313-1450 Transmitted herewith is Response to First Office Action (With Amendments) in the above-identified application. The fee has been calculated and is transmitted as shown below **CLAIMS AS AMENDED** CLAIMS REMAINING HIGHEST# NUMBER EXTRA ADDITIONAL AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE TOTAL CLAIMS 41 -46 = 0 Χ \$25.00 \$0 INDEP. CLAIMS 4 -4 = 0 Χ \$100.00 \$0 Multiple Dependent Claims (check if applicable) \$180.00 \$ 2ND MONTH **EXTENSION FEE** 1ST MONTH 3RD MONTH 4^{1H} MONTH \$60.00 \$225.00 \$510.00 \$795.00 Other Fees: \$ TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0 No additional fee is required. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. A duplicate copy of this page is enclosed. A Credit Card Payment Form PTO-2038 is attached in the amount of \$65.00. The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Conflua J. Lee Cynthia J. Lee, Reg. No. 46,033 63/21/o5 Date

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Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete if Known			
FEE TRANSMITTAL For FY 2005	Application Number	10/602,981			
For FY 2005	Filing Date	June 24, 2003			
	First Named Inventor	Roback			
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Cross, L.I.			
	Art Unit	1743			
TOTAL AMOUNT OF PAYMENT (\$)65.00	Attorney Docket No.	5050-1031			

METHOD OF PA	AYMENT (c	heck all that	apply)				
Check	Credit Ca	rd Mo	ney Order 🔲 N	lone Other (please identify):		
Deposit Acc	ount Dep	osit Account Nu	ımber: 20-0778 Dep	osit Account Name: Th	nomas, Kayden,	Horstemeyer Ris	slev. L.L.P.
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FEE CALCULAT	ΓΙΟΝ						
1. BASIC FILING	SEARCH,	AND EXAMIN	ATION FEES		-		
	Fili	ing Fees	Sea	Search Fees		Examination Fees	
Application Type	Fee (\$)	Small Entit Fee(\$)	ty <u>Fee (\$)</u>	Small Entity Fee(\$)	<u>Fee (\$)</u>	Small Entity Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	***
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESSIVE CL	AIM FEES						
Fee Description						Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (i	ncluding Reis	sues)				50	25
Each independent cla	aim over 3 (ind	cluding Reissue	s)			200	100
Multiple dependent c	laims					360	180
Total Claims		Extra Claim	<u>s Fee (\$)</u>	Fee Paid (\$)		Multiple Depend	
- HP = highest number o	20 or HP =	anid fav if nuant t	.ham 20			<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims	n total claims p			5 D-1-1 (A)			
	-3 or HP =	Extra Claim	<u>Fee (\$)</u>	Fee Paid (\$)			
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3. APPLICATION	SIZE FEE						
If the specification	and drawing	s exceed 100	sheets of paper, the	application size fee	due is \$250 (\$12	25 for small entity)	
for each addition:	al 50 sheets	or fraction the	ereof. See 35 USC	41(a)(1)(G) and 37 (CFR 1.16(s)	.o ioi oman omay)	
Total Sheets				dditional 50 or fract	• •	Fee (\$)	Eoo Doid
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4. OTHER FEE(S)				(,		
4. OTHERTELO						F	ee Paid (\$)
Non-English Specif	ication,	\$130 fee (no	small entity discoun	t)		<u>-</u>	22 . 4.4 (4)
	ninal Discla	imer		•			65.00

SUBMITTED BY			Complete (if applicable)
Signature	Canthiag. Lu	Registration No. 46,033	Telephone Number 770-933-9500
Name: (Print/Type)	Cynthia J. Lee		Date: 03/21/65

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CERTIFICATE OF MAILING

Thereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Confirmation No.: 2039

Group Art Unit: 1743

Examiner: Cross, L.I.

Docket No. 50508-1031

on March 21,2005

In Re Application of:

Roback

Serial No.: 10/602,981

Filed: June 24, 2003

For:

Immunological Assay System and Method

The following is a list of documents enclosed:

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Credit Card Authorization Form in the amount of \$65.00 for filing aTerminal Disclaimer

Fee Transmittal

Certificate of Mailing

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.